

An account is presented of a plan for coordination of community health agencies and of their services as developed in Oberlin, Ohio. The manner in which the plan was put into effect, and the means by which it has been carried on are discussed in detail showing how a coordinated community endeavor can be successful.

THE OBERLIN PLAN FOR COMMUNITY HEALTH SERVICES

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IN FACING the health and welfare problems of the local population every community has the opportunity to review not only what it can provide its citizens, but also to clarify and plan just how everyone can reap the benefits of an increasing multitude of health agencies. This report presents the formation, method, and results of four years' work by the Oberlin Plan for Community Health Services.

Many people, including practicing physicians, still believe that all community health services should be delegated to the local Public Health Departments. However, the rapidly expanding health needs coupled with shortages of personnel and public funds place some limitation at this point. The service programs of most voluntary health agencies are often limited to one disease so this approach does not solve the general community health problems. If a community can accept the definition that "Health is complete physical, mental, and social well-being,"* it becomes obvious that the cooperative efforts of all health and welfare agencies working closely with interested citizens would be required to achieve such a goal.

* Constitution of the World Health Organization.

Origin of the Oberlin Health Commission

In 1958 our community of about 10,000 population, which includes Oberlin and the three adjacent townships, determined to face up to our responsibility of furnishing a more comprehensive health service. A public meeting was called which included practicing physicians and dentists, public health and welfare personnel, nurses, and interested laymen. This group selected a Health Committee which in turn gave guidance in the organization of the Oberlin Health Commission whose evolution and work are reported here. A method of procedure was accepted as follows: first, make an inventory of local health resources; second, define the objectives desired based on the health needs; third, prepare an over-all program in detail.

Inventory of Local Health Resources

Many of the members of the Oberlin Health Commission were surprised to learn that there are some 50 agencies operating in the field of health and welfare in this area. The best known were the Allen Memorial Hospital, Lorain County Health Department, the Visiting Nurse Association, and the Oberlin

Community Welfare Council. Our hospital of 60 beds and 10 bassinets has been accredited for many years. The Lorain County Health Department has been in operation for over 40 years and is one of the most effective in Ohio. The local Visiting Nurse Association has been active for 40 years with outstanding service. The Oberlin Community Welfare Council, although only seven years old, has performed the valuable service of coordinating the welfare needs of this area. Other agencies active in Lorain County include the Lorain County Welfare Department, The Guidance Center, Family Service, Center for Sightless, Soldiers and Sailors Relief, Red Cross, Salvation Army, the Tuberculosis and Health Association, American Cancer Society, the Heart Society, the Polio Foundation, Foundations for Diabetes, for Cerebral Palsy, for Cystic Fibrosis, and others.

The health resource inventory pointed out clearly not only what the Oberlin Community had but also what the area did not have. There was no central organization that could coordinate these existing health agencies for the benefit of our citizens. There was no method whereby medical aid could be granted for an occasional resident who was in need but did not qualify for help from any existing agency. There was inadequate education of the public in the health field. Lastly, the survey revealed that in Oberlin there was no Senior Citizens Program of rehabilitation, no plan for physical therapy, no occupational therapy, no chronic disease survey, and no social worker in this field.

Objectives of the Oberlin Health Commission

The objectives of the Oberlin Health Commission were drawn up to meet the obvious needs as follows:

1. Coordination of health resources

2. Medical aid grants to those citizens in need who did not qualify for help from any existing agency
3. Health education
4. Senior Citizens Program

Organization of the Oberlin Health Commission

In order to carry out the above objectives a Code of Operation was drawn up which specified the name of the organization, the officers to be elected, the working committees, monthly and annual reports, and membership. It spelled out that any citizen in the community could become a member on application, either as an individual or as a representative of an organization such as a health or welfare agency, church, social club, or service club.

Membership

There are now 66 members of the Oberlin Health Commission. Included in the membership are the following: one social worker, two public health nurses, one hospital superintendent, one visiting nurse, one nurse from the hospital staff, seven of the eight practicing physicians in Oberlin, one doctor of public health, one doctor of medicine who is head of the Oberlin College Student Health Service, three dentists, one pharmacist, one physical therapist, one occupational therapist, three ministers, and many interested laymen. In addition to this membership, a total of 42 volunteers work in the program.

Within the framework of the Oberlin Health Commission, a key person is the social worker who serves as secretary for the monthly luncheon meetings, aids all the committees as requested, carries out case studies, keeps adequate records on all persons who seek medical aid, and assists in the over-all planning of the organization. The presence of such a social worker, coupled with a good program of

activity in which all health organizations took part, made it possible for the Health Commission to obtain a grant of federal funds annually for two years, which money paid the social worker's salary. Since this expenditure was approved and dispensed through the local County Health Department, a closer working relationship resulted between the Health Commission and the Lorain County Health Department.

Committees

Much of the work of the Oberlin Health Commission is carried on by its various committees: namely, medical aid, health education, chronic disease detection, dental care, survey of chronic disease in the hospital, nursing homes, home care, and rehabilitation.

Medical Aid

Applications for medical aid are made by the patient seeking aid, by local ministers, clubs, friends of the patient, or by physicians. After the diagnosis of the illness is confirmed, the social worker investigates the patient's situation and the need and reports her findings to the Medical Aid Committee which then takes action. Money for such aid comes from the Oberlin United Appeal funds, a crippled children's fund formerly held by the Rotary Club, and funds donated by the Oberlin Woman's Club for dental care.

Medical aid for our needy citizens is now promptly and efficiently given because those who are eligible for help from some other existing agency are promptly referred, while those who are not eligible can still be taken care of by the Health Commission. The friendly interview by the case worker of the family, short of funds because of disaster or strike or loss of job, has produced grati-

tude and no embarrassment. Thus no citizen in the Oberlin area need go without medical care because of lack of funds. A total of \$9,235.40 has been allocated for medical aid over this period of four years.

Health Education Services

The purpose of this committee is to promote information which will help our citizens develop broad and comprehensive attitudes toward health. The major tasks of medicine must be clear before they will be supported, and it is the hope of the Oberlin Health Commission that this community will seek to achieve the maintenance and promotion of health, the prevention of disease, restoration of the sick to health, and social rehabilitation.

In cooperation with the Lorain County Medical Society and the American Cancer Society, a county-wide effort was made to supply speakers for high school assemblies in order to explain the relationship of smoking to lung cancer. Within this framework the annual cell smear for uterine cancer was advocated by means of the American Cancer Society film "Time and Two Women" shown to many women's groups. Another method of health education was by means of the chronic disease detection clinics which awakened interest on a community-wide basis. One clinic was held for diabetes detection and two have been held for glaucoma with proper follow-up on those cases thus brought to light.

Dental Care Services

In the past, dental care for those children whose parents cannot afford the expense, has been a neglected field; now with community funds available for medical aid, the dental program has become a continuing effort of real prog-

ress. In 1961, of a total of 164 children examined, 94, or 57 per cent, were found to be in need of dental care. Reports were sent home to the parents who were advised that the Health Commission would defray the expenses where needed. Fifty-four children have completed the care indicated.

Chronic Disease Survey

The work of this committee, along with that of the Nursing Home, Home Care, and Rehabilitation Committees, forms the basis for the Senior Citizens Program. The chronic disease survey was a study of the annual number of senior citizens 65 years and older who were admitted to the Allen Memorial Hospital. For the year 1961, this older group constituted 14 per cent of the total adult admissions. The clinical diagnoses were tabulated and the method used for payment of hospital expenses. It was found that in 1961 patients 65 years and older paid their hospital bill by insurance in 66 per cent of cases, private funds were used in 21 per cent of cases, while 13 per cent depended on public and private assistance. With low-cost insurance now available to those over 65 years of age, insurance should assume most of the burden in the future. Over a period of two years a questionnaire was attached to each patient's hospital chart if he or she was 65 years of age or older, and on this questionnaire the patient could indicate the desire for any specific service offered by the Health Commission. The services available to the patient after returning home included a visit from a social worker, home care by the visiting nurse, meals sent in, messenger service, and so forth. Since very few requests came in, the plan now followed is to omit the questionnaire and suggest such services as needed in selective cases.

Home Care Services

As a prerequisite to setting up a program for the elderly citizens who are confined in their homes, the social worker conducted a survey of 43 senior citizens to determine their home situation, their limitations in physical activity, and their needs. With this information in hand, the Home Care Committee arranged for six services to be available for the older people in the Oberlin area: errand service, free transportation around town, free tickets for church suppers, reading material, and friendly visitors. Although any resident can refer homebound individuals to this committee for these special services, very few requests have come in. This would indicate that almost all of these homebound senior citizens manage their daily needs very well without outside assistance. Experience has shown, however, that special apparatus is often helpful in the home, so in cooperation with the Visiting Nurse Association this committee has aided in borrowing a wheel chair, a porta-lift, a walker, and a walking aid for special problems followed up in the home. Thus it is possible in the home to carry on satisfactory nursing care, medical care, and personal welfare when the Home Care Committee and the social worker work in close cooperation with the visiting nurse and the patient's physician.

Nursing Home Committee

The Nursing Home Committee was formed in cooperation with the local Welfare Council and Red Cross in order to continue and expand the friendly visitor program. In one rest home monthly birthday parties have been inaugurated, community signs made, and a home newspaper started. One of the surprising developments has been the inclusion of small children as volunteers, brought by their mothers, to the delight of the patients as well as the children.

Rehabilitation Services

Rehabilitation services have been developed against the background of the Senior Citizens Program, which the Health Commission adopted as basically twofold in nature. First, the objective is to maintain good health for those 65 years and older by annual health inventories conducted by the private physicians. Second, the aim is to rebuild the exhausted physical and emotional resources of this older age group by physical and occupational therapy, friendly visitors, and group activities. The Rehabilitation Committee therefore instituted a plan of services in physical and occupational therapy and volunteer craft work. The extra funds needed for such an expanded program were forthcoming when the Ohio State Department of Health made a special grant to the Oberlin Health Commission of federal funds through the Lorain County Health Department. This grant was made for two years for a demonstration project; and the endeavor has been to approach the local problems of the elderly with the attitude that such a study be flexible and experimental, to be expanded and contracted as experience indicated, always trying to make it a practical approach on a small community level. With the cooperation of Allen Memorial Hospital in the use of its physical facilities, this committee presented a course in 1960 and 1961 in rehabilitation of the stroke cases to operators and practical nurses of the five nursing homes in Oberlin. This was a seven-hour instruction course in massage and exercise by the physical therapist at Allen Memorial Hospital and was financed by a small fee charged each participant.

In addition to this course of instruction, the physical therapist made Friday afternoon visits to five nursing homes in Oberlin where 29 patients received physical therapy. Aids included pulleys for

shoulder stretching, cock-up splints to stretch contractures, railing installed in hallway to aid walking, elastic shoe laces, utensil holders, teaching one-handed independence and treatments for aphasics. By the above means the Health Commission extended its services to many of the bedridden patients in the nursing homes where the need was great.

However, as time went on this effort of physical therapy in the nursing homes ran into some difficulties because the volume of work needed was too great, there was no continuity in the nursing home attendants, and their training was insufficient to appreciate the goals sought. Another factor not anticipated by the Health Commission was that to make the bedfast patient ambulatory meant less income for the nursing home, and, until state aid programs can equalize the financial return to a nursing home, this will remain a deterring factor. Because of these difficulties, this part of the pilot study has been altered. Ambulatory nursing home patients will be urged to attend the weekly morning classes mentioned below. However, the physical therapist will be available for special need cases in the nursing homes.

In 1961, occupational therapy was carried into five nursing homes, two rest homes, and Allen Hospital by means of 21 volunteers and a total of 35 participants. The age range of patients involved was 29 to 101 years. One man learned chair caning and has started to earn some money. A woodworking program has encouraged several male patients to make footboards for hospital beds, bird feeders, small picket fences, and lattice work. Repeated public exhibits of these products has stimulated a small profitable business venture, the returns of which are returned to the committee for expansion. In the immediate future the occupational therapist will devote her time to training occupational aids who will be specifically

employed by the respective nursing homes for short periods each day.

Ambulatory Patients

Every Friday morning as many as 40 or more elderly people with varying degrees of disability, attend a session for instructional classes in gait training, household means of self-treating, and diversional hobby activities. A social hour is added when a short talk on some timely health education subject is given and thus a senior citizens center is developing. The success of this phase is due in part to the 32 volunteers who aid in transportation, in craft work, and as entertainers for this group. In this way the community, under the guise of rehabilitation, is bringing a ray of hope and a gleam of satisfaction into lives dulled by the weight of age and chronic illness.

Coordination of Existing Agencies

The effective coordination of all the health resources in the Oberlin area is now an accomplished fact under the direction of our social worker. She is familiar with the local, county, and state agencies that supply medical aid and welfare, and handling a case for referral to another agency. The attention of the Oberlin Health Commission is not terminated until the referral is completed. For example, in 1961 eight cases were referred to the Lorain County Welfare Department for assistance amounting to \$1,500; one case was submitted to the Bureau of Motor Vehicles in Columbus for payment of a hospital bill amounting to \$1,000; one man, existing on limited social security was referred to the Veterans Service Office where a pension was obtained. This effective coordination of health and welfare services brings the benefits that are available in the community to the citizen who stands in need.

Comment

After four years of operation it can be said that the Oberlin Plan for Community Health Services has accomplished to a large degree its main objectives. It has been able to coordinate the many health agencies that offer services in the Oberlin area; it has given medical aid funds to those citizens who are in need and who do not qualify for help from other agencies; it has broadened and coordinated efforts in health education; and it has set in motion a Senior Citizens Program that not only furnishes physical and occupational facilities for our aging citizens, but in turn is encouraging this age to contribute something toward the general welfare. This tends to restore prestige, dignity, and satisfaction during the declining years.

Although two special grants of federal funds have proved to be invaluable in launching parts of the over-all program in these community health services, the significant result is that the local community is interested in continuing these activities and gives its annual support with adequate United Appeal funds.

One unique fact in the Oberlin Plan for Community Health Services is that the practicing physicians and dentists have been willing from the beginning to work with the professional social worker, public health personnel, and interested laymen. Furthermore, the physicians and dentists have continued to give leadership in this project. It can be said almost without exception that all 64 members of the Oberlin Health Commission along with the 42 volunteers have responded enthusiastically toward the entire program.

Summary

The Oberlin Plan for Community Health Services was formulated by the Oberlin Health Commission in 1958 in order to coordinate the services of an increasing number of public and volunteer

health agencies, and to meet the needs of the growing numbers of senior citizens. After four years the achievements of the Oberlin Plan are as follows:

1. Coordination of all health agencies.
2. Medical aid to any needy citizen who does

not qualify for any other existing agency.

3. Health education that is coordinated with public health, school and voluntary health agency efforts.
4. A Senior Citizens Program that includes physical, therapy, occupational therapy, diversional therapy.

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Alcohol Studies On Human Subjects

The first controlled experimental observation of the effects of prolonged intake and subsequent withdrawal in alcoholic subjects was reported in the May supplement to the "Quarterly Journal of Studies on Alcohol." The supplement contains ten papers, each on a different aspect of the study made by seven Massachusetts physicians and three research assistants.

Ten male volunteers from a Massachusetts correctional institution, all confirmed "skid row" alcoholics, were selected to participate in the tests. Not until after they were selected were the men told they would receive alcohol and that they could withdraw from the test group at any time.

The test period was 27 days. For the first three days the volunteers were given elaborate physical, psychiatric, and psychological examinations. Each man then was given a regulated amount of 86 proof whisky. Starting with six ounces the first day, the dose was increased until 30 ounces a day was being taken. After 14 days on this dosage, the amount was increased to 40 ounces a day for five days. Each day's dosage was administered in six equal portions at four-hour intervals. On the 25th day of the study the supply of whisky was abruptly discontinued. Physical and mental tests were continued throughout the entire period and for seven days after the supply of whisky was withdrawn.

Eight out of the ten men exhibited withdrawal symptoms "... strongly supporting the hypothesis that alcoholism represents a process of physiological addiction and that this process is similar to addiction induced by pharmacological agents."

The study indicates that apparently alcoholics can tolerate almost a quart of whisky a day without showing major changes in behavior. On a dose of 30 ounces per 24 hours intoxication was slight and the moderately high level of alcohol concentration in the blood seemed to improve motor skills and attention span. However, when the dose was increased to 40 ounces per day, the alcoholics were severely incapacitated.

All the papers warn against trying to apply the results of these tests to the general population. The fact that the whisky was administered in even doses throughout the day moderated its effect on the alcoholics.

The study concludes by suggesting that far more research needs to be done on human volunteers to learn about alcoholism and the effect of alcohol. The supplement is available from the Rutgers Center of Alcohol Studies, New Brunswick, N. J. Price, \$2.50.